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1350 FRONT STREET, ROOM 6022
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Phone 619-525-4475 FAX 619-525-4419
Steven V. Adler, Presiding Judge

DATE:

TO: OFFICE OF ADMINISTRATIVE HEARINGS

FROM:

(PLEASE TYPE AND SUBMIT IN TRIPLICATE)

SCHOOL DISTRICT REQUEST TO SET (Cal. Code Regs., tit. 1, § 1018)

CASE TITLE		OAH CASE NO.	
SCHOOL DISTRICT: NAME, ADDRESS, TELEPHONE AND FACSIMILE NOS,		SCHOOL DISTRICT ATTORNEY: NAME, ADDRESS, TELEPHONE AND FACSIMILE NOS,	
RESPONDENT: NAME, ADDRESS, TELEPHONE AND FACSIMILE NOS,		RESPONDENT ATTORNEY/REP: NAME, ADDRESS, TELEPHONE AND FACSIMILE NOS,	
<input type="checkbox"/> CERTIFICATED EMPLOYEE <input type="checkbox"/> CLASSIFIED EMPLOYEE <input type="checkbox"/> PROBATIONARY DISMISSAL <input type="checkbox"/> STUDENT DISCIPLINE <input type="checkbox"/> OTHER (LIST)			
STATUTORY TIME LIMIT <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> EXECUTED TIME WAIVER		IF YES, PROVIDE LEGAL AUTHORITY IF YES, DATE BY WHICH CASE MUST BE HEARD	
TIME ESTIMATE FOR HEARING DAYS	PLACE OF HEARING	<input type="checkbox"/> DISTRICT TO PROVIDE COURT REPORTER HEARING TAPE RECORDED BY CONSENT (Gov. Code, § 11512, subd.(d)) <input type="checkbox"/>	
DATES PREFERRED DATES COORDINATED WITH ALL PARTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES AVAILABLE	DATES UNAVAILABLE FOR THE NEXT SIX MONTHS
ADDITIONAL COMMENTS AND/OR INSTRUCTIONS, REQUEST FOR ACCOMMODATION <input type="checkbox"/> SECURITY REQUESTED (ATTACH WRITTEN REQUEST)			
REQUEST TO SET ACKNOWLEDGEMENT			
DATE(S) SET/ STARTING TIME		PLACE OF HEARING	DATE: BY: